

DEPARTMENT REPORT SEPTEMBER, 2016

DIRECTOR'S OFFICE

Final preparations are underway for the submission of the Department's application to the Public Health Accreditation Board for Department accreditation.

The LB 692 and LB 1060 Annual Reports were submitted to the Nebraska Department of Health and Human Services. The Department received \$780,802.02 for these programs in 2015-2016.

The Health Director attended the Community Health Endowment Board of Trustees Meeting. She also participated in a site visit to The Bay – an organization for at risk youth in our community.

The Health Director attended the Tabitha Foundation Board of Directors Annual Board Retreat. The Health Director is a member of the Tabitha Foundation Board.

The Health Director attended the Mayor's State of the City Address.

The Lancaster County General Assistance staff will relocate to the Health Department the first week in October. They are currently located in Trabert Hall.

Health Department staff will participate in the Combined Charitable Giving Campaign for the United Way of Lincoln and Lancaster County, Community Health Charities and the Community Services Fund. The Campaign runs from September 28, 2016 to November 4, 2016. The Administrative Aide will serve as the City-Wide Coordinator and Department Coordinator.

ANIMAL CONTROL

Animal Control Stats

	Sep 13- Aug 14	Sep 14- Aug 15	Sep 15- Aug 16
Pet Licenses Sold	62511	62405	63735
Cases Dispatched	24069	23521	24080
Investigation	26002	25637	27470
Animals Impounded			
Dogs	1579	1456	1498
Cats	1252	1327	1582

Court Citations Issued	393	389	490
Warnings/Defects Issued	16083	15348	15361
Bite Cases Reported	460	496	547
Attack Cases Reported	55	58	58
Dogs Declared Pot. Dangerous	80	83	101
Dangerous Dogs	14	27	30
Animal Neglect Investigations	809	777	824
Injured Animal Rescue	812	997	931
Wildlife Removal	547	651	718
Dead Animal Pickup	1938	2060	2121
Lost and Found Reports	2336	2292	2254
Phone Calls	45669	47748	50837
Average Response Time (in mins)	22	22	21

The Animal Control service statistics are completed for the fiscal year 2016. License sales were up by 1,330. Other increases from the previous fiscal year include: more cases dispatched, an increased number of calls from the public to Animal Control, more dogs being declared potentially dangerous, an increased number of animal neglect and cruelty investigations, more dog bites and more wildlife removal calls. Staff are working on several initiatives to better track outcomes and the effectiveness of our interventions. In October, we will begin a more thorough tracking and reporting system to monitor non-compliant owners of dangerous and potentially dangerous dogs.

Animal Control has implemented a new trap rental and check out system that should result in fewer traps not being returned and being able to quickly locate traps and those officers that are responsible for monitoring the traps. This new process and procedure was the result of a Division wide quality improvement initiative lead by Alexandra Lee, Dispatcher, and two other Animal Control staff. They did a good job with the QI initiative and are commended for their work.

Staff are working on the transition of our current mainframe dispatch system to the new server based “Chameleon” dispatch and field operations system. Much of November will be dedicated to staff training on the new system including a week long training November 14- 18, 2016. We will go “live” with new system on November 17th. The data conversion and setup are the other two main steps in making everything fully operational by the first of the year.

Animal Control continues to participate in the Problem Resolution Team (PRT) meetings with other City Departments and attended the September 29th PRT meeting.

COMMUNITY HEALTH SERVICES

Healthy Families Home Visiting Federal Benchmark Changes

The Healthy Families Home Visiting team has been busy preparing for the new federal benchmarks, which will begin on October 1, 2016. This is the subject of the Board of Health presentation this month by the Program Manager, Kodi Bonesteel. For several months before the implementation date, key staff worked very hard to redesign templates in our electronic health record and dashboard applications to assure inclusion of benchmark data changes. The home visiting team completed two trainings this month to prepare.

Our Healthy Families Home Visiting Program is a collaboration between CEDARS Youth Services and LLCHD. We receive funding from three sources; federal, state, and city/county general funds. The Federal Home Visiting Program is administered by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau in collaboration with the Administration for Children and Families. Since 2010, HRSA has awarded grants to 47 state agencies, the District of Columbia, 5 territories, and 3 non-profit organizations, including the state of NE, and through the state of NE, to LLCHD.

The federal home visiting program legislation requires grantees to demonstrate measureable improvement among participating families in at least four of six broad benchmark areas after three years of program implementation. The percentage of grantees, across the nation, showing improvement in each of the six benchmarks were as follows:

- (1) improvements in maternal and newborn health (81%),
- (2) prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits (66%),
- (3) improvements in school readiness and achievement (85%),
- (4) reduction in crime or domestic violence (70%),
- (5) improvements in family economic self-sufficiency (85%), &
- (6) improvements in the coordination and referrals for other community resources and supports (85%).

Our accredited program, also meets the standards of the Healthy Families America Program and as such, we continue to track additional outcomes beyond just the federal benchmarks such as; assessing adverse childhood experiences (or ACES), family goal plans, promotion of child development, positive parenting, health & safety practices, immunizations, and substance abuse assessment, referral & follow up. The Healthy Families Home Visiting Team demonstrated their excellent organizational skills, flexibility and a commitment to improving risk factors for at-risk families – THANK YOU!!!

Increasing STI Clinic Utilization

Congratulations to the STI Clinic team which exceeded the following goal to increase visits to our STI Clinic:

Increase the number of STI Clinic visits by 10% every year for three years (FY 2014-15 through FY 2017-18).

- 2012-2013: 883 STI Clinic visits
- 2013-2014: 1,057 STI Clinic visits
- 2014-2015: 1,196 STI Clinic visits (13% increase from previous year – goal met)
- **2015-2016: 1,338 STI Clinic visits (12% increase from previous year – goal met)**

This goal was developed to help address the continued high incidence of Chlamydia and Gonorrhea in our community and the need for increased screening. Control of communicable disease is a core public health function and access to testing and treatment services is critical! Thank you for a job WELL DONE!!!

DENTAL HEALTH & NUTRITION

WIC Program

Caseload (Participation)

Total	4082
Main	3090
Cornhusker Clinic	992
%Enrolled with Benefits	85.76%

	LLCHD	State of Nebraska
Total Women	1000 (24.4%)	8748 (23.1%)
Total Children	2136 (52.3%)	20103(53.2%)
Total Infants	946 (23.1%)	8907(23.5%)
Infants Receiving Breastmilk	332 (35.0%)	2812 (31.5%)
Infants Exclusive Breastmilk	128 (13.5%)	1088 (12.2%)

Mentoring:

(Number and school)

Students	
Interns	UNL Dietetic Interns-1
Volunteers	
LMEP Residents	1

Our August caseload was 4082 participants. This was a 10 year high for LLCHD-WIC program in the month of August. Our current average is 3836 participants per month, which is an 8.5% increase from one year ago. We have also seen a 16.25% increase in participation at our satellite clinic location at 27th and Cornhusker in the last year.

We are very proud of our staff and all of their hard work this year!!

Dental Health

- Total number of clients served (unduplicated count): 598
- Total number of patient encounters (duplicated client count): 852
- Total number of patient visits (duplicated provider appointments/visits): 1196
- Total number of Racial/Ethnic Minorities and White non-English speaking clients: 449 (75%)
- Total number of clients with language barriers/need interpreter: 292 (49%)
- Total number of children served: 382 (64%)
- Total number of clients enrolled in Medicaid: 469 (78%)
- Number of clients served during Thursday evening hours (unduplicated count): 52
- Number of patient encounters during Thursday evening hours (duplicated client count): 56
- Number of patient visits during Thursday evening hours (duplicated provider appointments/visits): 91
- Total number of Racial/Ethnic and White Non-English speaking patients: 42 (81%)
- Total number of clients with language barriers/need interpreter: 26 (50%)
- Number of children served during Thursday evening hours: 50 (96%)
- Number of patients enrolled in Medicaid during Thursday evening hours: 49 (94%)

Community Based Dental Outreach Activities:

WIC Fluoride Varnish and Screening Program:

- North WIC Office (27th & Cornhusker Highway): 21 children and parents
- LLCHD WIC Office: children and parent: 145 children and parents
- Educare: 89 Early Head Start children

Student Rotation Program:

- UNMC Dental Student: 1
- Southeast Community College Dental Assisting Student: 1

ENVIRONMENTAL PUBLIC HEALTH

Hazardous Materials Emergency Response

Goals

Protect human health and the environment by: reducing exposures to hazardous materials; assuring proper management and disposal of special wastes; preventing hazardous waste from being illegally disposed of in the Bluff Road Landfill; preventing illness and disease caused by improper waste management; and preventing damage to the environment.

Indicator

Respond to all Fire (LFR and Rural FD), Emergency Management and Law Enforcement (LPD, Sheriff, and State Patrol) requests for assistance with hazardous materials spills and releases within 30 minutes. **FY16:** staff estimated at 100%

Funding/Source

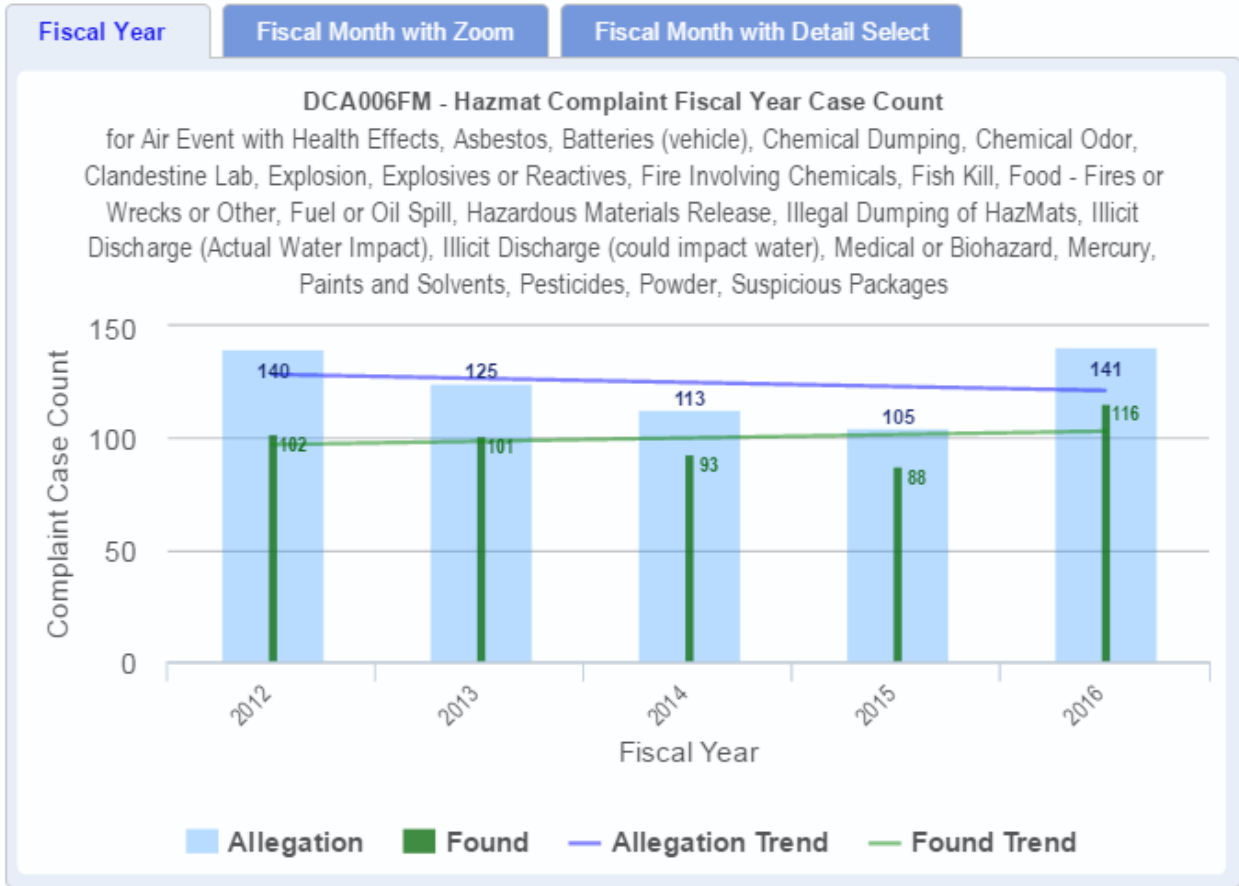
Grants in Aid, Waste Hauler Occupation Tax

Comparison

Hazardous Materials Responses

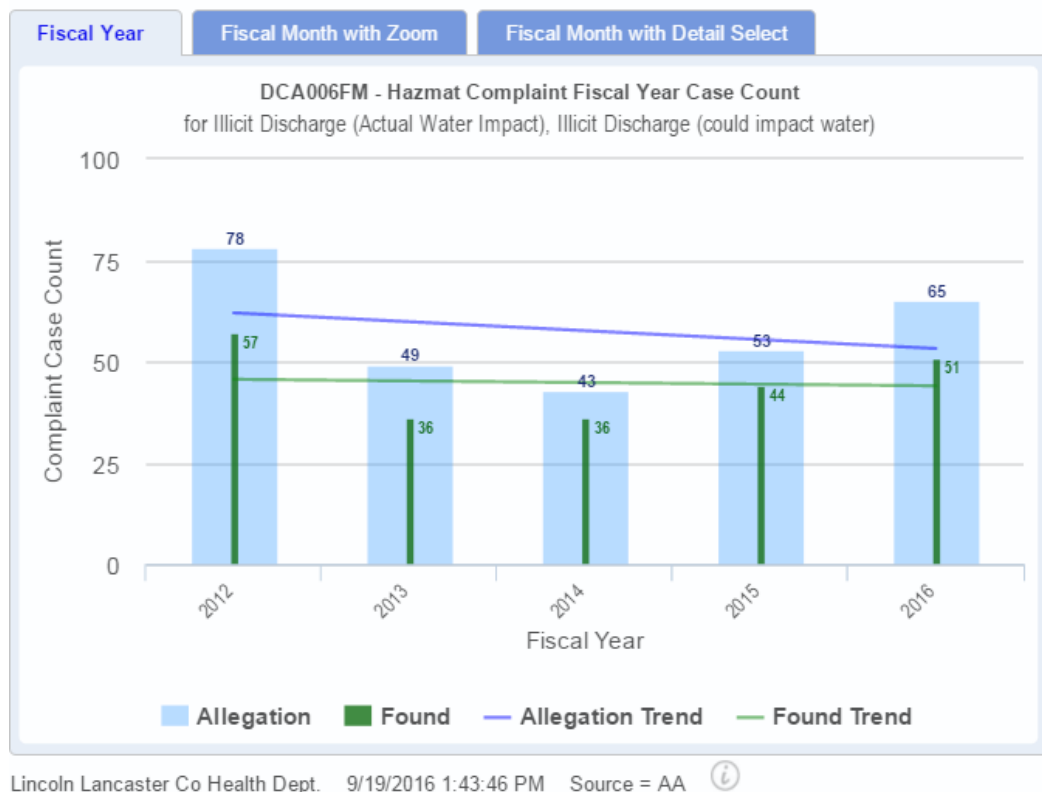
Fiscal Year	FY12	FY13	FY14	FY15	FY16
HazMat Responses	140	125	113	104	141

All HazMat Responses



Lincoln Lancaster Co Health Dept. 9/19/2016 1:43:46 PM Source = AA ⓘ

HazMat Responses for Illicit Discharges that could or did have water impact.



Both total hazardous materials responses and responses to illicit discharges to water increased over the last three years. The large jump in HazMats in FY16 were comprised primarily of higher numbers of illicit discharges and food establishment incidences.

Description

Environmental Public Health Division staff are on call 24/7 and respond immediately to all requests from 911, Lincoln Fire and Rescue, rural fire departments, and law enforcement agencies for assistance with hazardous materials spills and releases. These staff are highly trained (HazMat Tech Level and beyond) in responding to chemical, biological, and radiological hazards. Health's HazMat Team:

- assesses public health and environmental risk from chemical releases,
- prevents further human exposures and environmental contamination,
- takes samples of air, water, soil, or suspect chemicals and
- ensures that environmental cleanup is completed safely and the environment is returned to a safe condition.

In a typical year, about 75% of emergency responses are for hazardous materials spills or releases, such as illegal dumping, intentional or unintentional illicit discharge that could impact water, airborne releases, pesticide spills, medical/biohazard waste. About 20% of responses are for gasoline, diesel fuel or oil spills, mostly from vehicle/truck accidents. Recent responses of note include:

- At the request of Lincoln Water System, LLCHD responded to the water treatment plant in Ashland, Nebraska, in regard to a leaking container of cleaning compound containing Hydrofluoric and Nitric Acid. LLCHD suited up in fully encapsulating Level B Splash Suits and cleaned up the release and over packed the container. The waste was transported to the LLCHD chemical storage building.



-LLCHD responded to an indoor ammonia leak at a cold storage business. A forklift had struck an ammonia refrigerant line in the building which impacted employees working in the area of the line. The building was evacuated and multiple entries were made during ventilation operations to monitor ammonia levels in the air. Eventually the ammonia levels dropped below OSHA thresholds and LLCHD and LFR returned to service. Follow-up investigations occurred the next day.

-LLCHD responded to a reported fuel dumping in the street near the intersection of 26th and U streets. Upon arrival, LLCHD staff noted a strong odor of diesel in the air and a definite rainbow sheen on 26th street in the rainwater. LLCHD blocked the storm drains and called our emergency response contractors for assistance in vacuuming up the diesel fuel. It was reported by neighbors and law enforcement that the boyfriend of a resident who was being evicted from a nearby apartment complex had accidentally put diesel into the gas tank on his car. He had pumped out the fuel and gasoline and dumped it in the street and then drove away. LLCHD and law enforcement were unable to locate the responsible party. Water/fuel/gasoline waste was transported to the LLCHD storage facility for future disposal.

-LLCHD responded to a request to provide technical support and guidance to Air Guard and local bomb techs on the management and disposal of a military chemical grenade that expired in the 1940's that contained a "sickening agent" per the label on the grenade. The grenade was originally recovered in Omaha and brought to Lincoln for management by the 155th Air Guard EOD team. The sickening agent was a predecessor to current tear gas chemicals which was then known as DM or Adamsite. Upon exposure, military personnel have reported violent nausea and dry heaves lasting for 12 hours or more.

Of the 141 responses in FY16, 65 were illicit discharges that had the potential to impact water and 51 had actual water impact. Health maintains contracts with private entities for the City and County for both hazardous materials clean up and disposal.

Partnerships & Efficiencies

The Health Department HazMat Emergency Response Team works in partnership with Lincoln Fire and Rescue, rural fire departments, law enforcement agencies and other first responders to prepare for, train for, and respond to both unintentional and intentional HazMat incidents. LLCHD is a member of Lancaster County Mutual Aid. Staff is on call 24/7 to provide immediate response to protect the public's health. Coordinating hazardous materials emergency responses with fire and law enforcement agencies allows each agency to fulfill specific roles

within the Incident Command System, reduces risks to responders, public health and the environment, and allows first responders to return to service as quickly as possible. Health's role in environmental cleanup and follow through increases the capacity for fire and law enforcement to fulfill their primary roles in safety and security and assure that costs for environmental clean-up are kept to a minimum.

HEALTH PROMOTION, DATA & EVALUATION

Chronic Disease Prevention

This is the thirty-sixth year for the Lincoln-Lancaster County Health Department (LLCHD) providing outreach through the Summer Food Service Program (SFSP) to provide nutritious meals to children living in the highest poverty areas of Lincoln. LLCHD sponsors the program as an extension of the USDA's National School Lunch Program. It is administered through the Nutrition Services Division of the Nebraska Department of Education. This program continues to address health issues related to poor nutrition and childhood obesity by providing nutritious, low-fat, properly portioned meals and nutrition education. In 2016, 42 serving sites were credited with serving 38,365 breakfasts and 63,324 lunches for a total of 101,689 meals, an average of 1,753 meals per day for 12 weeks. An estimated 3,550 children, 46% of a racial/ethnic minority, participated in the 2016 SFSP.

Networks of Opportunity for Child Wellbeing (NOW) was developed to create an infrastructure to support local communities in integrating systems of care to promote optimal child wellbeing. NOW has received a strategic planning grant from the Robert Wood Johnson Foundation to develop a framework and learning community that focuses on aligning systems of care in early childhood, and considers the impact of early life adversity on child growth and development. The NOW partners are seeking to learn more about and share (within the NOW learning community network, framework development, and planning grant report) learnings of Bright Spots. Lincoln is one of two cities that the NOW partners selected to have a site visit.

The site visitors were especially interested in how Lincoln has been making an impact on childhood obesity through early childhood efforts. Contributing factors to Lincoln being selected as a bright spot city were Lincoln's extensive partnerships with city departments and community organizations; use of health data and Taking Charge goals; the work that has been accomplished with the Let's Move Cities, Towns, and Counties and Playful City, USA; the recent Community Mapping Project, the Prosper Lincoln initiative, and Lincoln's past selection as one of seven cities to participate in the NLC Youth Education Foundation collaborative to develop best-practices around the issues of childhood obesity and health equity. The site visitors spent two full days visiting with city department staff and many community partners, including Partnership for a Healthy Lincoln, Children's Center for the Child & Community, Community Action Partnership, Lincoln Public Schools, and the Community Health Endowment. They were very impressed with ease of collaboration across sectors in the community. A two-page summary of Lincoln as a Bright Spot will be published in the coming months to highlight local successes.

Injury Prevention

Staff presented child passenger safety tips in recognition of National Child Passenger Safety Week for the KLKN Midday Forum. Parents and caregivers should consider 5 steps to create a safe ride for their small children:

1. Type and age of seat
2. “VIP’s” ride in the back seat until they are 13 years of 4 feet 9 inches tall
3. Rear facing until the age of 2 or when they reach the weight and height limit of the rear facing convertible seat
4. The seat must not move more than one inch side to side or backward and forward
5. Conduct the ‘pinch test’ on the harness straps – if the webbing can be pinched between your two fingers, the straps need to be tightened

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INFORMATION & FISCAL MANAGEMENT

Information Management is working with Animal Control staff to prepare for implementation of new software for the Animal Control Program.

The Division Manager completed the NIMS Incident Command Structure 400 Class in September.

The Fiscal Office staff have closed out the FY 2016 and completed the August 2016 fiscal reports.